

Intermediate '99 Peer Review Curriculum Committee Minutes
Cultural Arts Center
September 28, 2006
9:00 AM

Members Present:	Members Absent:	Staff:	Others:
Nicholas Klimenko	Mac Snead	Warren Short	Dan Barry
Jason Ferguson	Jose Salazar	Tom Nevetral	Heidi Hooker
Holly Frost	Sabina Braithwaite, M.D.	Greg Neiman	
Lorna Ramsey	Andrew Cox		
Bobby Baker	Bill Akers		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	Tom Nevetral called the meeting to order at 9:15 AM	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	Minutes of May 11, 2006 were approved as written.	
4. OLD BUSINESS		
a. Weakness in Curriculum in Special Considerations	<p>It was the consensus of those present that the community college system did not require any enhancement to the Special Considerations modules.</p> <p>Bobby Baker questioned being able to utilize all of the trauma hours since in his program trauma appears to be an area for high fail rates along with OB.</p>	
b. Didactic Lab Hours to be Increased	<p>College based Intermediate programs are 292 hours for didactics and labs while the subtopics list is 204 hours for didactics and labs. For non-collegiate programs Nick Klimenko advises his program is at 292 hours, while Dan Barry's class is at 204 hours.</p> <p>One of the problems is that management sees where the subtopic list advises the course can be completed in 204 hours and they expect a quality program at 204 hours. Anything more costs management a lot of money for fill-ins of personnel.</p>	Recommendation to increase the didactic hours for an Intermediate program is increased to 292 hours.
c. Portions Which Could be Completed on-line	<p>It was recommended not to identify areas (Operations, Trauma, etc.) and the on-line program should be a structured program and left up to the individual academic institution to determine.</p> <p>Suggested that a % be allowed and not identify specific areas (Operations)). Minimum program performance criteria to be reviewed and if an academic institution falls short then the Office should sit down with the academic institution to determine weaknesses. Therefore, simple on-line presentation format would work.</p>	

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	<p>What should be the triggers that an academic institution utilizes to determine they are falling short? Utilize the National Accreditation triggers.</p> <p>There was a discussion on determining the percentage range from 25% to 50% as a requirement for face-to-face psychomotor skills. Discussion on identifying specific numbers for the labs rather than an hour requirement for determining proficiency. The numbers would be arbitrary at best.</p> <p>Use the DOT guidelines for the skill numbers. It is possible that all skills may not be utilized to verify competency. The DOT table should be disseminated for all to review to assist in determining “lab competency”.</p> <p><i>The Program Committees Meeting Recommendations As Approved by the Medical Direction Committee and the Human Resources and Training Committee (Professional Development Committee) on October 18, 2001</i> has suggested modifications to the hours in the Intermediate Tables.</p>	<p>Can the Office place the Operations portion as an on-line program incorporating the didactic presentation and post test as an evaluation instrument?</p>
<p>d. Awarding Competency Credit for Prior Experience</p>		<p>Recommendation to increase the one year requirement for prior experience is increased to two years. “Further, all recognized competencies must have occurred within one year (1) (recommend change to two) year(s) of the programs begin date.”</p>
<p>e. Decrease/Increase Competency Numbers</p>	<p>“The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups.”</p> <p><i>The student must effectively, and while performing all steps of each procedure, ventilate at least 1 live patient of various age groups.</i></p>	<p>Recommendation to allow the SimMan and SimBaby manikins in place of a “live” patient from all age groups. (Paramedic competency allows manikin use to meet these criteria).</p>